| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 389 |
|--|---|-------------------|
| 1. PLACE OF DEATH | 97) | 000 |
| County Yalbot | Registration Dist. No. 2 | 1.0 |
| Village or City Easton | NoSt., | Ward |
| . 6/100 | death occurred in a hospital or institution, give its NAME instead of street and to ds. How long In U.S. if of foreign birth?yrsm | |
| 2. FULL NAME Fired W. anthon | 11 | |
| 1011 27 11.1 | To Ward | |
| (a) Residence: No. 6 4 4 6 AUTO (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried | 21. DATE OF DEATH (Month) (Day) | , 193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Cora L. Authory | 22. I HEREBY CERTIFY, That I attended 10-24-1933 to 10-24 | deceased from |
| 6. DATE OF BIRTH (month, day, and year) 2020 2 1860 | 1 10 - 4 5/ | .; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et. 6m. | |
| 7/ 10 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Retured Engineer SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at Self 13 11. Total time (years) this securation (month and | Hy hertensin | 1-year |
| 9. industry or business In which work was done, as SILK MILL. | arterio elezon | 15 year |
| work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at Add 11. Total time (years) | | |
| 10. Data deceased last worked at 1 11. Total time (years) this occupation (month and 1911) 12. Total time (years) spent in this year) occupation 40 | | - |
| 12 RIRTHPLACE (city or town) Escanaba, | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Cacama (State or country) William. | | |
| 13. NAME James H anthony | | |
| 13. NAME James H anthony 14. BIRTHPLACE (city or town) | Name of operation Date of | |
| (State of Country) | What test confirmed diagnosis? Climical Was there an | au'opsy? 20 |
| 15. MAIDEN NAME Susan a Houghton 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following | g: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury | , 19 |
| (State or country) | Where did injury occur? (Specify city or town, county end Sta | te) |
| 17. INFORMANT. Mrs. Charles B. Breunger (Address) Easton, Md | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Soughas, W Date 10/29, 1833 | Manner of injury | |
| 19. UNDERTAKER James a. Spence | 24. Was disease or Injury In any way related to occupation of deceased? | no |
| (Address) Easton md | If so, specify | |
| 20. FILED 1 0 / 25 -, 1932 / 34. Never | (Signed) - Control (Address) Saston Med | M. D. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | [1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 weck ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | - De Levis |
| County tello | (131) Registration Dist. No. 290 |
| Village or City Easloss PD Uld | NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | ds. How long in U. S. M. of foreign birth? |
| 2. FULL NAME / Joward | Mulley |
| (a) Residence: No. Occasional Consultation (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBANO of Fruity | 22. I HEREBY CERTIFY That I ettended deceased from least 15 1933 |
| 6. DATE OF BIRTH (month, day, end year) Dec 18-18-5 | Hast saw h. Am alive on Oct 15 , 19.33; death is said |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at \$,3000m. |
| 75 10 29 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as removes: |
| SAWYER, BOOKKEEPER, etc. | I fulral ovise as |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | OB H.D. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Duration 1 ten months. |
| 7.11.40 | Other Contributory Causes of importance: |
| 12, BIRTHPLACE (city or town) | 720 |
| | |
| E 01 112 | Name of operation None Date of |
| 14. BIRTHPLACE (city or town) | Whet test confirmed diagnosis? Youl Wes there an autopsy? |
| 15. MAIOEN NAME Noglich Rosers | 23, If death was due to external causes (VIOL ENCE) fill in also the 'following: |
| I TO 8 401 | Accident, sulcide, or homicide? Date of injury, 19 |
| O 16. BIRTHPLACE (city or town) | Where did Injury occur? |
| 17. INFORMANT Frank Dentley | (Specify city or town, county and State) Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Easton (VO 3111) 18. BURIAL, CREMATION, OR REMOVAL | |
| Place Mayulatak Mulate Oct 18,1983 | Nature of injury |
| 19. UNDERTAKER John D. Mulliang | 24. Was disease or injury in any way related to occupation of deceased? |
| (Addies Luston and | If so, specify |
| 20. FILEO 10 16 , 1933 / 57. [LULUS Registrar. | (Signed) Luly M.D. (Address) D.F. Muchalla 2hd |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| PUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| | S | TATE C | F MAR | YLAND- | CERTIFICATE OF DEATH | 2001 |
|------------|--|-------------------------|----------------|--------------------------------------|---|------------------|
| : | . PLACE OF DEAT | TH | | - | 93-20 | 1331 |
| | County Color | 7 | | | Registration Dist. No. 29 | / |
| 1 | Village or City | ryal (| Carx | | | Ward |
| | Length of residence in ci | ty or town where | leath occurred | | death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm | |
| | 2. FULL NAME | | Mina. | · m | Teleu | 03 |
| | 3.6 | Rice | ange | no Sens | .7 | |
| | (a) Residence: No | e cajac | (Usual place | of abode) | If nonresident give city or town and | State |
| | PERSONAL AN | D STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 1 | male Co | R OR RACE | OR DIYORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Month) (Bay) | ., 193 3(Year) |
| 5a. | If married, widowed, or divo HUSBAND of (or) WIFE of | Grafa | ent | | 22. Oct. 2 1933 to Oct H | deceased from |
| 6. | DATE OF BIRTH (month, day | v. and year) Ou | ne 3. | 1433 | I last saw heaves alive on Oct 4, 1953 | _; death is said |
| - | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at | |
| | | 4 | / | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | I Date of season |
| Z | 8. Trade, profession, or pa | erticular as SPINNER | | | · Caute Mysearditio | Date of onset |
| TIC | kind of work done, SAWYER, BOOKKEE | | | | <u> </u> | - |
| UP/ | work was done, as S SAW MILL, BANK, e | SILK MILL, | | | | |
| OCCUPATION | 10. Date deceased last wor this occupation (more year) | ked at | Spe Spe | ime (years) nt in this upation | | |
| 12 | BIRTHPLACE (eity or town) (State or country) | k, grid | | | Other Contributory Causes of importance: | * |
| 2 | 13. NAME CLACAR | 1.0 1. | Zantol | 7011 | | |
| FATHER | 14. BIRTHPLACE (city or to (State or country) | wn) Maar | 1 Cano | 7 | Name of operation Date of | |
| 02 | 15. MAIDEN NAME | -0-1 | 12 17 | | What test confirmed diagnosis? Was there an | |
| MOTHER | 16. BIRTHPLACE (city or to | | anlly | | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide? Date of injury | |
| | (State or country) INFORMANT (Address) | la 1 | Benily | md | Where did injury occur? | ie) ACE. |
| 18 | BURIAL, CREMATION, OR R | | | | Menner of injury | ******** |
| | Place Hapluns | Steek | Date_Oct | 6 ,1933 | Nature of injury | |
| 19. | UNDERTAKER | Ir. This | Guk 7 | md | 24. Was disease or injury in any way related to occupation of deceased? | 25-5 |
| 20. | FILED Oct 5', 1 | 1933 Jah | in Hura | Registrar. | (Signed) Haymard J. 1824 | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.

V. S. No. 1

| A PLACE OF DEATH AND | 10392 |
|--|--|
| 1. PLACE OF DEATH | 5 19 |
| County | Registration Vista No. 290 |
| Village or City (III) | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrs,mos | ds. How long in U.S. if of foreign birth!yrsmosds. |
| 2. FULL NAME 30011 2 10111 | V |
| (a) Residence: No. | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h. 1 alive on CA 10 19.33; death is said |
| 7. AGE Years Month Days If LESS than | to have occurred on the date stated above, at 15 2 m. |
| 2 / 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or nacticular | Gastro-Entritis 2 wh |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this s | A |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | <u></u> |
| SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) | |
| this occupation (month and spant in this occupation | |
| 12. BIRTHPLACE (city or town) Orland Sastons (State or country) | Other Contributory Gauses of importance of i |
| 13. NAME R. arthur Blauce | |
| 13. NAME G. Conthus below: 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? |
| # 15. MAIDEN NAME Que Sources. | 23. If death was due to external causes (VIOL ENCE) fill In elso the following: |
| 15. MAIDEN NAME Que Sayers 16. BIRTHPLACE (city or town) Wilsbring to | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Mrs. R. S. Blaure (Address) Oxford ned. | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Spurgttill leave Qui (1.,1923 | Neture of injury |
| 19. UNDERTAKER Wary Bleunau Do | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 10/10 , 1933 M. H. News | (Signed) (Address) Eastern M. C. |
| If more blanks are needed address State Registrar | 2455 N. Charles Street Religious Requesting 7) S. No. 5 |

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PERMIT V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| Williams of Change date and place of With see | ADDITIONAL SPACE FOR FURTHI | ER STATEMENTS BY PHYSICIAN |
|---|-----------------------------|----------------------------|
| will conficate; 1/21/39. | Withousaline to Change a | ste sub place of bith se |
| | will conficate; 1/27/39. | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10393 |
|---|---|
| 1. PLACE OF DEATH | 107.0 |
| County Tallot | Registration Dist. No. 290 |
| | NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. il of foreign birth?yrsmosds. |
| 2. FULL NAME Margaset Brooks | |
| (a) Residence; Np. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Looked Looked | 21. DATE OF DEATH Oct 22 ,193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. Oct 22 1933 to let 22 1933. |
| 6. DATE OF BIRTH (month, day, and year) Where of 1933 | I last saw half alive on Oct 22 ,1933; death is said |
| 7. AGE Years 4 Months Pays If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | Prieurismo Brondio, Oct 11:1 |
| 12. BIRTHPLACE (city or town) (State or country) | Dither Contributory Causes of importance: |
| 13. NAME Trancis Brooks | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Shows Brooks 16. BIRTHPLACE (city or town) falto (State or country) | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Affred & Bacoles (Address) Enter Ind | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Willams Burg Date 64 2 4 , 1933 | haute of mjury |
| 19. UNDERTAKER Janus a Spiner (Address) Easton Ma | 24. Was disease or injury In any way related to occupation of deceased? Zero |
| 20. FILED / 0/23 , 19.33 N. M. Merry Registrat. | (Signed) Colores M. D. (Address) Sasfan M. D. |

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| * | 6 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| TOV AUXTRIANA AN LINE XXIII AND | Satheistist name see letter under |
|---------------------------------|--|
| Stanlar 1 | The state of the s |
| U | |

AGE should be stated EXACTLY. PHYSICIANS should state. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WA

V. S. No. 1 N. B.—

| County Village or City Could No. 10 No. 29.0 Ward Leight of reidence in city or town where death occurred 10 death occu | 1. PLACE OF DEATH | CERTIFICATE OF DEATH 10394 |
|--|--|--|
| Village or City | | Registration Dist No. 29.1 |
| Length of regidence in city or town where death occurred yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How fong in U. S. If of foreign birth? yrs. mos. ds. How foreign birth? yrs. how foreign birth? yrs. mos. how foreign birth? yrs. mos. ds. how foreign birth? yrs. ho | | |
| 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, Or DIVORCED (write the word) OR DIVORCED (write the word) 5a. If married, widowed, or divorced (or) Wilf of (Or) (or) Wilf of (Or) 4. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 ILESS than 1 have occurred on the date stated abye, at | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. (Usual place of shods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. COLOR OR RACE S. SINCE, MARRIED, WIDOWED, OR DIVORED (write the word) Sa. If married, widowed, or divorced (or) Wife of | Length of residence in city or town where death occurred yrs mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX *a. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 2. FULL NAME Thereto | fler. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED ("wire the word) 5a. If married, widowed, or divorced HUSBAND of Cory ("NiFe" of Cor | (a) Residence: No. | |
| Sa. If married, widowed, or divorced (Month) Sa. If married, widowed, or divorced (Corp.) wife of (Sale or Country) Sa. Trade, profession, or particular (Month) Sa. Trade, profession, or particular (Mont | | |
| HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than I day | | Oct. 5 193 3 |
| (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than It Age to prefession, or particuler kind of work done, as SPINNER, SAVER, BOOKEEPER, etc. Journal of Months as SPINNER, SAVER, BOOKEEPER, etc. Journal occased last worked at this occupation (month and year) Very Saver and this occupation (month and year) Date of osset in this occupation (month and year) Date of osset in this occupation (month and year) Take the profession, or particuler kind of work done, as SPINNER, SAVER, BOOKEEPER, etc. Journal occased last worked at this occupation (month and year) Date of osset in this occupation (month and year) Other Cateribate of Captary importance: Date of osset in this occupation. Date of fosset occupation. Name of operation. Date of fosset occupation. Name of operation. Date of fosset occupation in a potential in also the following: Accident, suicide, or homicide? Date of injury. 17. INFORMANT (Address) Date of injury Nature of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Address of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Address of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Address of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Address of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Address of Injury in any way related to occupation of deceased? If so, specify (Address) Occupation of Injury in any way related to occupation of deceased? If so, specify (Address) | 5a. If married, widowed, or divorced | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, | (or) WIFE of | |
| T. AGE Yeers Months Days If LESS than I day | & DATE OF BIRTH (month day and weer) 0 + 51933 | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1 Industry or business in which work was done as SILK MILL. 1. SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done as SILK MILL. 2. Industry or business in which work was done as SILK MILL. 3. Date deceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMTATION, OR REMOVAL PIECE. 19. UNDERTAKER O. 19. UNDERTAKE | | to have occurred on the date stated above, atm. |
| S. Trade, profession, or particular stands of work done, as SFINNER, SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. U. Date deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREINTION, OR REMOVAL Piece. (Address) 19. UNDERTAKER O. Manner of injury 19. UNDERTAKER O. Manner of injury Manner of injury 19. UNDERTAKER O. Manner of injury 19. UNDERTAKER O. Manner of injury Manner of injury 19. UNDERTAKER O. Manner of injury Manner o | | |
| 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMINITION, OR REMOVAL 18. BURIAL, CREMINITION, OR REMOVAL 19. UNDERTAKER 19. UNDERTAK | 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc | Still-land 3 mout fatus |
| Other Catributor Carrier of Importance: Other Catributor of Other Catributor of Other Carrier of Importance: Other Catributor of | - i Chilo occupation (month and | supresalibre miderife |
| (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 20. FILED 20. FILED 21. OSTATE (Address) 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 24. Where did injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 25. FILED 26. OSTATE (Address) 27. FILED 28. Was disease or injury in any way related to occupation of deceased? (Signed) 38. OSTATE (Address) 39. OSTATE (Address) 40. OSTATE (Address) 40. OSTATE (Address) 41. OSTATE (Address) 42. Was disease or injury in any way related to occupation of deceased? (Signed) 43. OSTATE (Address) 44. Was disease or injury in any way related to occupation of deceased? (Signed) 45. OSTATE (Address) 46. OSTATE (Address) 47. OSTATE (Address) 48. DECEMBRY (Address) 49. DECEMBRY (Address) 40. OSTATE (Address) | Saitas | Other Contributor Cancer of importance: |
| What test confirmed diegnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 19. UNDERTAKER O (Address) 20. FILED 20. FILED 21. MAIDEN NAME What test confirmed diegnosis? Was there an au'opsy? 22. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury | | The same of the sa |
| What test confirmed diegnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 19. UNDERTAKER O (Address) 20. FILED 20. FILED 20. FILED 21. MAIDEN NAME 12. Malden was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) M. D (Address) (Address) Manner of injury (Signed) (Signed) M. D (Address) M. D (Address) | 13. NAME A MENT P. Christopha. | · |
| What test confirmed diegnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 19. UNDERTAKER O (Address) 20. FILED 20. FILED 20. FILED 21. MAIDEN NAME 12. Malden was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) M. D (Address) (Address) Manner of injury (Signed) (Signed) M. D (Address) M. D (Address) | 14. BIRTHPLACE (city or town) Easter | Name of operation |
| Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece. Garden Date Date Date Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Control of Characteristics of Caracteristics (Address) 20. FILED O. 19. 23. The Registrat. (Address) (Address) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Address) (Address) | (State or country) | What test confirmed diegnosis? |
| Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece. Garden Date Date Date Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Control of Characteristics of Caracteristics (Address) 20. FILED O. 19. 23. The Registrat. (Address) (Address) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Address) (Address) | 15. MAIDEN NAME Willia Jester | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Date Date Injury 19. UNDERTAKER Control of Characteristics (Address) 20. FILED Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address) | | 0 |
| 18. BURIAL, CREMATION, OR REMOVAL Plece. Gardon Date 10/6., 1933 19. UNDERTAKER Control Christopher (Address) 20. FILED 196., 19.33 7. H. Neuran (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) | 17. INFORMANT Clara Causeure | (Specify city or town, county and State) |
| Plece. Carlois. Date. Date. 19.33. 19. UNDERTAKER Carlois Characteristics. 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed). (Signed). (Signed). M. D. Registrat. (Address). (Address). (Address). (Address). (Address). (Address). | | Manner of injury |
| 19. UNDERTAKER O MILL OF Characteristics (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address) | 5 - 101, 22 | |
| 20. FILED '96 , 19 33 M. Neuru (Signed) . N. Derru (Address) . Our Low M. D. | | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 9 6, 19 3 | - Description of the second | II N. ha |
| | Registrar. | (Address) 6 custom 700 |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| T. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

| ADDITIONAL SI | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|----------|---------|------------|----|-----------|
|---------------|----------|---------|------------|----|-----------|

V. S. No. 1

(Address)

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10395 |
|--|--|
| 1. PLACE OF DEATH County Of Death Village or City | Registration Dist. No. 293, No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A. If married, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) (Year) |
| HUSBAND of OCT HELEN CALLINS 5. DATE OF BIRTH (month, dey, and year) 1877 | 22. I HEREBY CERTIFY. That i attended decessed from Month 12., 1932 to Aug 28 26., 1933 I last saw hly alive on July 1126, 1935; death is said |
| AGE Years Months Deys if LESS than I day,hrs. ormin. | to have occurred on the date stated above, at |
| 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | The Xilla |
| 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation | Other Contributory Causes of importance: |
| (State or country) 13. NAME 13. NAME | also were |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Jaco |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? |
| 18. BURIAL, CREMATION, OR REMOVAL Place New Chapel Date 10/5 - 19.33 | Manner of injury |
| 19 UNDERTAKER James a. Spence | 24. Was disease or injury in any wey related to occupation of deceased? |

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 1 | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | -CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County Sallot | Registration Dist. No. 290 |
| Village or City Cook | NoSt.,Ward |
| | (If death occurred in a horpital or institution, give its NAME instead of street and number) mos |
| Length of residence in city or town where death occurred | 10. |
| 2. FULL NAME SOM | Accoperson |
| (a) Residence: No. (Usual place of abode) | St., Ward. Il nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DEVORCED (write the word | |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Och 9 0 19.33 | I last saw had alive on which is said |
| 6. DATE OF BIRTH (month, day, and year) OF 20 1933 7. AGE Years Months Days If LESS the | |
| (2) (1) (1) (1) (1) (1) (1) (1) | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Still Done |
| 9. Industry or business in which | |
| 99 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 100 Date deceased last worked at this occuration (months and the control of the control | - alling I & morshage |
| - this occupation (month and 17) | 1 Marken & 1140 |
| year) occupation | Other Contributory Causes of importance? |
| 12. BIRTHPLACE (city or town) - Allor Co (State or country) | o book work |
| 1 2 5 10 | |
| 13. NAME (Next (Elekers) 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| Constant of 100 - lacon | Where did injury occur? (Specily city or town, county and State) |
| 17, INFORMANT CHAST C. CECCHOLOS | Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) 18, BURIAL, CREMATION, OR REMOVAL (A) | Manner of injury |
| Place andre Keek Date O 20 19 | Nature of injury |
| 0:024/3 | |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 1 1/5 | (Signed) American Inerress M. D. |
| 20. FILED 10/ 20., 193 \$ 77 \$ 10 PM | |

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the discase or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Data of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

| ADDITIONAL SI | PACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|------|-----|---------|------------|----|-----------|
|---------------|------|-----|---------|------------|----|-----------|

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S. No.

infor-

10397

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | i | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebrol hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | Moy 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

BINDING

ġ

CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

| STATE OF MARYLAND— 1. PLACE OF DEATH County Fallow Village or City Treas for the Length of residence in city or town where death occurred for yrs, 4 mos. 2. FULL NAME Putter of Maryland of Mary | Registration Dist. No. 27 20 No. St., Ward death opcurred in a horpital or institution, give its NAME instead of street and number) 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
|--|--|
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 21. DATE OF DEATH Oct 17 to 193 3 (Year) 22. I HEREBY CERTIFY. That I attended deceased from 1933, to 194 17 1932 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Jay If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this propagation (mo | I last saw h |
| year) occupation 12. BIRTHPLACE (city or town) Grate or country) | Other Contributory Causes of Importance: |
| 13. NAME TOWNS TOWNS (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done,

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 dans ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1 ä

should state

| 1. PLACE O | F DEATH | • | Registration Dist. No. 290 | 100 |
|---|------------------------|---|--|-------------|
| County | Jacon | 0 . / . | | |
| Village Dr | City | a ma | No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number | Ward er) |
| 2. FULL NA | ME Only | death occurred yrs. osefehme (Usual place of abode) | nos. ds. How long in U.S. if of foreign birth? yrs. mos. Nahaw Ward. If nonresident give city or town and State | |
| PERSOI | NAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATHOCK (Day) | (Year) |
| I. If married, wido HUSBAND of (or) WIFE of | wed, or divorced fing | le / | 22. OHEREBY CERTIFY. That I attended decea | ised from |
| DATE OF BIRTH | (month, day, and year) | une 6 1849 | I last saw held alive on 19.35; dea | ath Is sal |
| AGE 84 Y | ears 4 Months | 2 Days If LESS that I day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance | te of onse |
| 9, Industry or work w SAW M 1D. Date deceathis occ yaar) | cupation (month and | 11. Total tima (years) spent in this occupation 45 | out molastasis had Newstern Deter Contributory Causes of importance: | 22 |
| 2. BIRTHPLACE (State or co | | Graham | | |
| (State) | CE (city or town). | totaloo | Name of operation Date of | sho. |
| | CE (city or town) | unanno lo | 23. If death was due to external causas (VIDLENCE) fill in also the following: Accidant, suicide, or homicide? | , 19 |
| (Address) | Marga | coston and | Specify whether injury occurred in INDÚSTRÝ, In HOME, or In PÚBLIC PLACE. Manner of injury | |
| Placa | t Michael | La Data 15 Oct ., 193 | 3 Natura of injury | |
| 19. UNDERTAKER (Address) | James & | a Will | 24. Was diseasa or injury in any way related to occupation of decaased? | 7-10 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| E | xample I | 9 | Example II | | |
|--|------------------|---------------|--|-----------------|--|
| The principal cause of dea of importance were as follow | | Date of onset | The principal cause of death and related causes of importance were as follows: | 3 Date of onset | |
| Arteriosclerosis | a market | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | -4 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | The state of the | July 5,1927 | Perilonilis | 3 days ago | |
| | MOV 6 1833 | | | | |
| Other contributory causes | | 3 | Other contributory causes of importance: | | |
| Gallstones | BURKER | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist, No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 Length of residence in city or town where death occurred... How long in U. S. if of foreign birth? vrs. mos. ds. Every 2. FULL NAME St.. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 3 (Month (Dev) (Yeer) 5e. If merried, widowed, or divorced HUSBAND of 22. 1 HEREBY CERTIFY. That I attended deceased from (or) WIFE of .2 19... ; death is sald 6. DATE OF BIRTH (month, dev. and year) I last saw b If LESS that 7. AGE Years Months Days 1 day 26/06 The PRINCIPAL CAUSE OF DEATH end related causes of importance min. were es follows: Date of onset 8. Trade, profession, or perticuler NO kind of work done, as SPINNER, of SAWYER, BDDKKEEPER, etc. OCCUPAT may back 9. Industry or business in which should work was dona, as SILK MILL SAW MILL BANK etc 10. Date deceesed lest worked et 11. Totel time (years)
spant in this this occupation (month and that vaar) ___ occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country Whet test confirmed diegnosis?_____ Was there en autopsy?____ carefully MOTHER 15. MAIDEN NAME important 23. If deeth was due to externel causes (VIOLENCE) fill In also the following: u Accident, suicide, or homicide?______ Dete of injury______ 19_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? ____ be DEA' (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, DR REMOVA Menner of injury SE mation Nature of injury. LION CAU 24. Was disaase or injury in eny way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify M (Signed) 20. FILED. (Address) ___ (-na If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other wordship of the state of | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1/ PLACE OF DEATH ON | (181) |
| County Lalbot Co. | Registration Dist/ No. 290 |
| Village or City Easter M. | No. Callet Child to Spila st., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos. | How long in \S. if of foreign birth?yrsmosds. |
| 2. FULL NAME James Panully | Th Mm. |
| (a) Residence: No. (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED, OR DIVIOUS (Control to word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divoced HUSBAND of | No. of the contract of the con |
| (or) WIFE of Julia Hamelton | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Zuckuracus | I last saw have alive on 10 8 ,195 ; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 12.52 m. A |
| 67 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | Secret 1/4/1 Degree 10833 |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | Burns of Culia body |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this occupation occupation | |
| 1/. + C | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Suber |
| | |
| E / / 0 C | Name of operation Date of |
| 14. BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? Cleared Was there an autopsy? |
| 15. MAIDEN NAME LO ME HAlmilla | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 15. MAIDEN NAME Jane Homillon 16. BIRTHPLACE (city of town) | Accident, suicide, or homicide? Geerlank Date of Injury (0 & 193) |
| (State or country) Maryland | Where did injury occurs at House in Chesterlown les |
| 17. INFORMANT Semi About 1/ Campillon | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| (Address) Chalelon, Mil | lu hours |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury - B-ttrue |
| Place Chealurges M. Date 10/10, 19.33 | Nature of Injury Sealdury fire with Jasohne |
| 19. UNDERTAKER Chair Chair Chair | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Chesterton Mil | If so, specify |
| 20. FILED (0/6 , 1933 N. J. neires | (Signed) M. D. |
| Registrar. | (Address) Eastau Wish, |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | ľ | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | , | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| Sec. 1133 | | | | |

| ADDITIONAL S | SPACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|---------|-----|---------|------------|----|-----------|
|--------------|---------|-----|---------|------------|----|-----------|

A PERMANENT RECORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. See instructions on back of certificate. UNFADING INK-THIS IS TION is very important. -WRITE PLAINLY, WI N. B.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10402 |
|--|---|
| 1. PLACE OF DEATH. | |
| County Salbot | Registration Dist. No. 490 |
| Village or City Unionvelle | NoSt.,Ward |
| A . / | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Edward It Johnson | |
| (a) Residence: No. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married | 21. DATE OF DEATH Cet 3 (, 193 33 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Softma folmson | 22. Sefect 22 1933, to Cet 3 (1933 |
| 6. DATE OF BIRTH (month, day, and year) Feb 11 1873 | I last saw h alive on Qet 28 , 1953; death is said |
| 7. AGE Years 8 Months 2 Days If LESS than 1 day,hrs. ormin. | to have occurred on the data stated above, at |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Saborer, | Cortie valvular Date of onset Least divease and mat |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | huiteal valerelar Know. |
| this occupation (month and yaar) - Grave 16-1932 spent in this occupation 34-16- | |
| 12. BIRTHPLACE (city or town) Pennylvania) | Other Contributory Canses of importance: Arterio - Acherosis |
| 13. NAME Welliam In Johnson | |
| 13. NAME Welliam M Johnson 14. BIRTHPLACE (city or town) (State or country) Pensylvania | Name of operation Date of What test confirmed diagnosis? Plugs. Eye was there an autopsy? No |
| 15. MAIDEN NAME Unknown | 23. If death was dua to external causes (IOLENCE) fill in also tha following: |
| 15. MAIDEN NAME CENTERS 16. BIRTHPLACE (city or town) Ausless (State or country) | Accidant, suicida, or homicide? Date of injury, 19 |
| 2 (State or country) 17. INFORMANT Sophia Johnson (Address) Enton Ma | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mourille Date Nov 3 , 1933 | Nature of injury |
| 19. UNDERTAKER James W. Skerren (Address) Easton Md | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 11/2, 1933 M. R. Merries Registrar | (Signed) All Miller Mellson M. D. (Address) St. Miller Mellson M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| NOV 6 1933 | 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item PHYSICIANS stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY, V. S. No. 1 Ä

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 10403 |
| County Tallot | (131) Registration Dist. No. 291 |
| Village or City Belleanue | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | deall occurred in a hospital distribution of the deal |
| 2. FULL NAME Lewis C Johns | |
| (a) Residence: No. Bellevie And | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Frale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of GOV. 10 1876 | 1 HEREBY CERTIFY. Thet I attended deceesed from |
| 6. DATE OF BIRTH (month, day, and year) (1 W . LO . 1870 | I last saw h are alive on Cet 23 , 1933; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated abovo, atm. |
| 63 9 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | 61 . 13 11 . 1 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Oate deceased last worked at this secupation (month and spant in this | Diration: fine months lugge Sy |
| 11. Total time (yeers) 55 this secupation (month and spant in this | 3 |
| year) | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Sallot Co. (State or country) | |
| 13. NAME Thomas Johnson | |
| 13. NAME Thomas Johnson 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of County) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Sarah agusta 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| 17. INFORMANT Sarah Fackson | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) /3 ellerrille 18. BURIAL, CREMATION, OR REMOVALY | Manner of Injury |
| Placo Royalote Oate Oate 27, 1935 | Nature of injury |
| 19. UNDERTAKER former a spence | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Caston Ma | If so specify M. D. |
| 20. FILEO Cal To, 19 3 Jahr Hill Willes | (Address) De Muchaela Val |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUSSIDE S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | J | | l |

| ADDITIONAL SPACE FOR FURTH | HER STATEMENTS BY PHYSICIAN |
|----------------------------|-----------------------------|
| | |
| | |
| \$ | |
| | |

V. S. No. 1

| 1. PLACE OF DEATH | |
|--|--|
| County Tullot | Registration Dist. No. 290 |
| Village or City Co a true | No. 6 Metgeney Justela St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Buly Julion (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Other 9. 193 3. (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY. That, I attended deceased from 19.33, to 19.33; death is sale |
| 6. DATE OF BIRTH (month, day, and year) Ululur 8-1903. 7. AGE Years Months Days If LESS than 1 day, 1 hrs. or 3 min. | to have occurred on the date stated above, at 7 45/2: m. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Birth infusy |
| this occupation (manth and year) 12. BIRTHPLACE (city or town (State or country) | Other Coutributory Causes of importance: Continueted Palvis, Flisher |
| 13. NAME 13. NAME 14. BIRTHPLACE (city or town) Reladelphia (State or country) | Name of operation |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) hiladelphia (State or country) 17. INFORMANT Market Control of the country of | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (Address) 18. BURIAL CREMATION OR REMOVAL Place | Manner of injury |
| 19. UNDERTAKER Aure a Species (Address) 20. FILED 19. UNDERTAKER Aure A Species Registrat. Registrat. | 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| NOV: 6 1932 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

B,

should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10405 |
|--|---|
| 1. PLACE OF DEATH | |
| County Lathyt Co | Registration Dist. No. 242 |
| Village or City new stappe | No. St., War |
| Length of residence in city or town where death occurred 40 yrs. 7 mos | f death occurred in a hospital or institution, give its NAME instead of street and number) s |
| 2. FULL NAME TRUESE IT engled | 11 |
| (a) Residence: No. Burelville w | and stratheward |
| (d) Residence. No. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word) | 21. DATE OF DEATH October 10 1933 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | (100) |
| (or) WIFE of fredericha fundy | 22. SHEREBY CERTIFY. That I attended deceased fro |
| 6. DATE OF BIRTH (month, day, and year) 1859 | I last say have alive on Bet 29, 1935; death is sa |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 74 Lay,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: |
| 8. Trade, profession, or particular Wind of work done, as SPINNER, Harmon | Coronary thrembers Oct 10 |
| The state of the s | |
| 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | <u></u> |
| 10. Date deceased last worked et this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) Do alesler (State or country) | Other Contributory Causes of importance: arteries Scleroses with 1932 |
| 13. NAME GEOTY Willender | Dyperteusion ! |
| 14. BIRTHPLACE (city or towns) - Dordustu Ves | Neme of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there en autopsy? |
| 15. MAIDEN NAME whenowe | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?, 19, 19, 19 |
| ∑ (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Samuel Kennedy (Address) | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Date Date 11, 1933 | Nature of injury |
| 19. UNDERTAKER Maurice Columnia Ton | 24. Was disease or injury in any way related to occupation of deceased? 248 |
| (Address) buston rud | If so, specify — |
| 20. FILED OUT 12., 19.33 Joseph Office Registrar. | (Signed) (Signed) (Address) Eas Line M. |
| Acgistat. | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10400 |) | |
|--|--|-------------------|--|
| 1. PLACE OF DEATH | | | |
| County Vallot | Registration Dist. No. 294 | | |
| Village or City Sherwood | No. | Ward | |
| Length of residence in city or town where death occurred 45 yrs | death occurred in a hospital or institution, give its NAME instead of street and number) | , and | |
| | ds. How long in U.S. if of foraign birth?yrsmos | ds. | |
| 2. FULL NAME Sadie My Lomas | | | |
| (a) Residence: No. (Usual place of abode) > | St., Ward. If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | | |
| a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Yea | r) | |
| (or) WIFE of James L. C. Lomas | 22. I HEREBY CERTIFY, That I attanded deceased | from | |
| 6. DATE OF BIRTH (month, day, and year) LORS 5th 1966 | I last saw h aliva on Oct 16 , 1933 ; death is | c cold | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 250 Am. | Salu | |
| 72 10 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| 8 Trade profession or particular | Date of | onset | |
| kind of work done, as SPINNER, Housewife | Cesafral | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc | Thembras \$115 | 15 | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and 1938 spant in this 50 | | | |
| year) occupation occupation | Other Contributory Causes of Importance | | |
| 12. BIRTHPLACE (city or town) Wicomaco to | | | |
| (State or country) | hom | 1.2 | |
| 13. NAME Deorge L. Warner | | | |
| (State or country) | Name of operation Date of | | |
| 15. MAIDEN NAME Margaret of Passes | What test confirmed diagnosis? | | |
| | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | | |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicNe? | | |
| 7,14 | Where did injury occur? (Specify city or town, county and State) | | |
| 17. INFORMANT(Address) | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury | | |
| Place Sherwood Data Och 200, 1933 | Nature of injury | | |
| 19. UNDERTAKER Newmany of Harrison (Address) | 24. Was disease or injury in any way related to occupation of deceased? | | |
| 20. FILED 179-32, 19 97+ 44-4 | (Signed) Lows H Sette | M _J D. | |
| | 2411 N. Charles Street. Baltimore. Requesting 71. S. No. | Ez | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kand of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Property S. | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis - | 1 year |
| | | | |
| | | | |

LION

BINDING

FOR

RESERVED

ARGIN

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10408 |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County & allest | Registration Dist. No. 244 |
| Village or City Willinger | NoSt., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME A. Jane Marchall | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| female (white OR DIVORCED (write the word) | 21. DATE OF DEATH CLET 23 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND OF Charles M. Marshall | 22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1933 to Cert 2 5 1933 |
| 6. DATE OF BIRTH (month, day, and year) May 18 1862 | I last saw here alive on Oct 17 1933; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at \$30 P.m. |
| 82 7 // Iday,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER Housewife: | Unteres Eclerosis 37/2 |
| Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this progration (month and this progr | |
| 10. Date deceased last worked at this occupation (month and 1933) spant in this year) | <u></u> |
| 12. BIRTHPLACE (city or town) Jallot Co | Other Contributory Causes of Importance: |
| (State or country) | 9 178- 113 |
| 13. NAME John B. Marshall | waysen regres and is his |
| 13. NAME John B. Marshall 14. BIRTHPLAGE (city or town) Jallot Co | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Wary Marshell 16. BIRTHPLACE (city or town) Jallot Co | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Therman Mr. Marshalls | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Withan Md | The state of the s |
| 18. BURIAL, CREMATION, OR REMOVAL Place Watture M. Date Qu-25", 1933, | Manner of Injury |
| 19. UNDERTAKER Newnam + Hamdons | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) It michaels Ind. | If so, specify |
| 20. FILED Got 25 10 ms. Victor & Poter | (Signed) M. D. |
| Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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MARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH | (100) | 400 |
|--|---|-----------------|
| County Talkot | Registration Dist. No. 29 | 0 |
| Village or City Faston | No. h mergency Nos sixalst., death occurred in a horpital prinstitution, give its NAME betead of street and n | Ward |
| Length of residence in city or town where thath occurredyrsmos | | |
| 2. FULL NAME MISS COMMUNE MING | erd | |
| (a) Residence: No. Usenna Maryland (Usual place of Abode) | St., Ward. Anchester Is | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (grice the word) | 21. DATE OF DEATH October 30 (Oay) | , 193 3 |
| 5e. If married, widowed, or divorced HUSBANO of | | |
| (or) WIFE of | 22. Oct. 26 CERTIFY, That I ettended | deceased from |
| C DATE OF BIDTH (worth day and was) [011 13 - 1971 | Hest sew h. e. elive on Oct. 30 1933 | : deeth is seid |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than | to have occurred on the date steled above, et (2:4400.; m. | , 40001113 3014 |
| 62 6 17 1 dey,hrs. | The PRINCHPAL CAUSE OF DEATH and releted causes of importence were es follows: | , |
| R Trede profession or perticular | Villurior | Oate of onset |
| 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Carobolian | 10/29/3 |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked at this occupation (month and | | |
| 10. Deta decessed lest worked at this occupation (month and spant in this | | |
| yeer) occupetion | Other Coutributory Causes of importence: | |
| 12. BIRTHPLACE (city or town) | Other Coasta Coasta of Importance. | |
| (State or country) | * | |
| 13. NAME SOURCE S. 1111011 | | 1-1 |
| 14. BIRTHPLACE (city or town) New York State | Neme of operation | 10/21/3 |
| (State of country) | What test confirmed diagnosis? Sleece. Was there an a | utopsy?_/// |
| 15. MAIOEN NAME N. MISSE 16. BIRTHPLACE (city or town) Mus Unix State (State or country) | 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following | |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of Injury | , 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State | e) |
| 17. INFORMANT V. W. Williamshall | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL 12001 | Menner of injury | |
| Place Oate Nov. 1, 1933 | Nature of Injury | |
| SASSILI. | 24. Wes disease or injury in eny wey related to occupetion of deceased? | |
| 19. UNOERTAKER AT A CONTROL OF MICHAEL STATES | If so, specify | |
| 10 134 133 MA NOVA | (Signed) | |
| 20, FILEO 10/31 , 19.33 / Ly - 10111115 Registrar. | (Address) Easton M | |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2. | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| | Example 11 | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 10410 |
| County Lallot | Registration Dist. No. 293 |
| Village or City Cordova | No. St., Ward |
| Length of residence In city or town where death occurred 20 yrsmos | f death occurred in a horpital or institution, give its NAME instead of street and number) in the street and number and |
| 2. FULL NAME Cla minday. | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced | 21. DATE OF DEATH (Month) 20 (Oay) (Year) |
| (or) WIFE of Brown George Wobsy | 22. I HEREBY CERTIFY, That I attended deceesed from 19 |
| 6. DATE OF BIRTH (month, day, and year) Oct 157, 1863 | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) | Mulearal Obstruction Mu doctor in attendance - Information - and Other Chatributery Causes of importance: matrix ctions given by |
| (State or country) 13. NAME Horace monday. 14. BIRTHPLACE (city or town) funbrush | Dr. Oiler = Easter - May |
| 14. BIRTHPLACE (city or town) funknown | Name of operation Date of |
| (State of Country) | Whet tast confirmed diagnosts? |
| 15. MAIOEN NAME Frances Smith | 23. If deeth was due to external causes (VIOLENCE) fill in also tha following: |
| 15. MAIOEN NAME Frances Smith 16. BIRTHPLACE (city or town) Lumberson (Stete or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Pete Wilmus (Address) Castin md | (Specify city or lown, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL Place New Chapel Oate Oct 22, 1933 | Mannar of injury |
| 19. UNOERTAKER Cush W Stafford. | 24. Wes disease or Injury In any way ralated to occupation of deceased? |
| 20. FILEO 10/23, 1923 J. Ladrer Registrar. | (Signed) I L. Bardner - Facal Register (Address) leordors - MA |
| 15 more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BO BASE | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

19. UNDERTAKER (Address)

FOR BINDING

MARGIN RESERVED

| | Registration | Dist. No | 293 | 3 |
|--|---------------------------------|------------------|----------------------------|---------------|
| No. | | | _St., | Ward |
| death occurred in a hospital or instituted | | | treet and nu | |
| us. now rong in 0.3.11 0 | r roteigii biitiir | yts | | |
| * | | | | |
| St., Ward. | If nonresiden | t give city or | town and St | ate |
| MEDICAL C | ERTIFICAT | E OF DE | ATH | |
| 21. DATE OF DEATH | | | | |
| Q 6/33 | (Month) | (Day) | , | (Year) |
| 22. I HEREBY | | Y That I | attended de | ceased from |
| | , 19.3.3, to! | Cet. | 6 | ., 19.33. |
| Wast saw harmalive on | 2447 | 133 | , 19; | death is said |
| to have occurred on the date stete The PRINCIPAL CAUSE OF DEAT | | C-4m. | nce | |
| were as follows: | III ond related cas | pes or importe | 1 | Date of onset |
| Daysun | | 3/- | | |
| Januar | | | ach | |
| | | | | |
| 1 | | | | |
| 0.1 | 1 | | | |
| Other Coutributory Causes of impo | I ance. | lg . | 311 | |
| Cy 72 | accation | | | |
| | | | | |
| Name of operation | | | Date of | |
| What test confirmed diagnosis? | | Wes | there an eu | opsy? |
| 23. If death was due to external car | uses (VIOL ENCE) | fill In elso the | following: | |
| Accident, suicide, or homicide? | | . Date of injur | y | , 19 |
| Where did injury occur? | | | | |
| Specify whether injury occurred l | (Specify city on INDUSTRY, in H | OME, or in Pl | y and State) UBLIC PLAC | E. |
| | | | | |
| Manner of injury | | | | |
| Nature of injury | | | 10 | |
| 24. Wes disease or injury In eny v | vay related to occu | pation of deci | eased? | |
| If so, specify | 1 m | 11 | | 0 M. D. |
| (Signed) | | 10- | done | Ind |
| (1000) | | | /h | |

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| 1. PLACE OF DEATH | -CERTIFICATE OF DEATH |
|--|--|
| County a Talleof | Registration Dist. No. 2-91 |
| Village or City St. Michaele Ind | No. St Ward |
| Length of residence in city or town where death occurred | (If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Islorence J. Rideon | + |
| (a) Residence: No. 1307 mole Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 22 29 193 3 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of Steven W. Rideout | 22. Oct 20 1933 to Oct 29 1933 |
| 6. DATE OF BIRTH (month, dey, and year) Dos 48 1859 | Hast saw her alive on Bet 28 1933; death is said |
| 7. AGE Yeers Months Deys If LESS than | to have occurred on the date stated above, atm, |
| 74 10 25 1day,hrs | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, | A |
| SAWYER, BOOKKEEPER, etc. | 2 to 13 malets Werense |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | , and the state of |
| 10. Date deceased last worked at this occupation (month end 1928 11. Total time (years) spant in this occupation 504 | |
| 12. BIRTHPLACE (city or town). | Other Contributory Canses of Importance: |
| (State or country) Tallot Co ma | |
| 13. NAME Emory Drake 14. BIRTHPLACE (city actown) Sherwood | |
| 4 14. BIRTHPLACE (city of town) Sherwood | Name of operation |
| (State or country) (albot to M | What test confirmed diagnosis? My was there an au'opsy? No |
| 15. MAIDEN NAME Hannah Turner | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Hannah Turner 16. BIRTHPLACE (city or town) Jalbot (o) (Slate or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Wm q. Gideout (Address) Bons | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | |
| Place Bogman Date Oct 31 1933 | Menner of injury Nature of injury |
| 19. UNDERTAKER Pluriam + Oranicaw (Address) | 24. Was disease or injury In any wey related to occupation of deceesed? |
| 20. FILED COST 30, 19 33, Jehnsty 19 18 18 | (Signed) Phylip D beliges M. D. |
| Grove 1 - Registrar. | (Address) It Mushalls |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | il i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ż

| STATE OF MARYLAND—C | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 9:0 |
| County Talbot | Registration Dist. No. , 290 |
| Village or City Eas Xon | No Emergency Mospilast, Ward |
| Length of residence freity or lown where death occurredyrsmos | eath occurred in a hospital or institution, vive its NAME intread of street and number) ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME Seature David | |
| 7 | St. Ward Childrens Dance of |
| (a) Residence: ND. Oastun, Y Novutama (Usual place of about) | nonresidenter eity or Jown auf Syllaus |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEAT |
| To OR DIVORCED (wife the word) | 21. DATE OF DEATH October 8 193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased from |
| 20 14 100 | 1000 to 1000 1000 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw InQU ative on O. O. 18 195.5; death is said to have occurred on the date stated above, et 1.50.01m. |
| 1. AGE leads months bays leads | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Subacute Bacterial |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this | Endocardstis |
| | Cerebral Embolia 10-6-33 |
| year) occupation occupation | Dther Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| 13. NAME Greet Sand 14. BIRTHPLACE (city or town) Iallst Co | Name of operation Date of |
| (State of County) | What test confirmed diagnosis? Blood Culture Was there an au'opsy? MD |
| 15. MAIDEN NAME Clevice Skyfer 16. BIRTHPLACE (city or town) (State or country) | 23. If deeth was due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| 17. INFORMANT Carlotte a. Bregare | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Gastri Data Det. 19, 1935 | Nature of injury |
| 19. UNDERTAKER MULES CALL DP LINCE (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 19618 ,1933 M. D. nourus | (Signed) S. M. D. |
| Registrar. | (Address) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| NOV 6 1933 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (94.2) |
| County 1010015 | Registration Dilt. Np. 290 |
| Village or City (MM) W | No. CALLEY MUCH ITS PINA St., Ward |
| (If | death occurred in a horpital or institution, give it NAME instead of street and number) ds How long in U.S. if of foreign birth? yrs |
| Length of residence in eight or town where deet both red | ds How long in U.S. if on foreign birth?yrsmosds. |
| 2. FULL NAME CHANGE | (0,0,0,0 |
| (a) Residence: No. (Usual place of abode) | 1 St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX \ COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH (A A A AND A A |
| OR DIVORCED (rapite the word) | (Month) (Day) (Year) |
| 5e. If merried, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. HEREBY CERTIFY. That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Tel 28, 1911 | I last saw h MAA elive on OCA 1932 : death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated ebove, at Q-0-0 ck m. |
| 8 16 or | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | Data of once t |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| Mindustry or business in which work was done, as SILK MILL, | A 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (pairs) this occupation (month and | Rufaires Bowel 4/19/20 |
| this occupation (month and year) occupation | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: |
| (State or country) | Gereloutes Zeneral 10/0/33 |
| E 13. NAME Paymond E. Seth | |
| 13. NAME Paymond &. St. 14. BIRTHPLACE (city or town). | Name of operation August Acanach Date of 101133 |
| (State of Country) | What test confirmed diagnosis? Church Wes there en eu'opsy? 20 |
| 15. MAIDEN NAME (city or town) | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 6 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? accident Date of Injury 2, 19.33 |
| (State or country) | Where did Injury occur? Autou (Specify city or town, county and State) |
| 17. INFORMANT Carparand & Settle | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL | Return Bowel |
| Place Dentan and Date 10/12/8.,1033 | Nature of injury Struck in and while flaging Bull |
| 19. UNDERTAKER & Ly 1 Nawlwego, | 24. Wes disease or injury In any way related to occupation of decessed? |
| (Address) Greens to Med. | If so, specify |
| 20. FILED 16 1 14 19.33 N. N. Nelsus | (Signed) M. D. (Address) Eaglace 2 M. D. |
| Registrar. If more blanks are needed, address State Registrar. | 2217 N. Charles Street Baltimore Requesting (7) S. No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis . | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. See instructions on back of certificate. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10415 |
|--|---|
| 1. PLACE OF DEATH County Salbet Michaels Mr. Village or City St. Michaels Mr. | Registration Dist. No. 29/ |
| 11 23 11/07 | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.N of foreign birth?mos |
| 2. FULL NAME Jasper of Jan (a) Residence: No. Jasper Michaels Mc (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OF RACE OR DIVORCED (write the word) That I would be a served. | 21. DATE OF DEATH Out 18 (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Martha D Jarr | 22. I HEREBY CERTIFY. Thet I attended decessed from |
| 7. AGE Years Months Days If LESS than 1 day, | I last sew h live on Oct 17 |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SANYER, BOOKKEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end year) year) | Julinmary sama octil |
| 12. BIRTHPLACE (city or town) Jalhat County Mix (State or country) | Other Contributory Causes of Importance: Caresia Caused Ly blow on head in 1925 |
| 13. NAME 14. BIRTHPLACE (gity or town) (Stete or country), | Name of operation to the What test confirmed diagnosis? Alang Recommend we there en eulopsy? |
| 15. MAIDEN NAME Lyfte Jednum 16. BIRTHPLACE (city or town) Lalbot County Gul | 23. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Conclus Land (Address) At Michaels Md. | Where did Injury occur?(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR, REMOVAL That Det 20, 19 33 | Manner of injury |
| 19. UNDERTAKER N. M. gushpel gul | 24. Was disease or injury in eny way related to occupation of deceased? 15 o. specify 16 o. specify 17 o. specify |
| 20. FILED Out 20, 1933 John Hwwales Registrar. | (Signed) M. N. Charles Street Bellinger Properties 7) S. No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FO | R FURTHER ST | ATEMENTS BY | PHYSICIAN |
|---------------------|--------------|-------------|-----------|
|---------------------|--------------|-------------|-----------|

V. S. No.

That I attended deceased from

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Nov 6 1999 | | | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 yeor |
| | | | |
| | | | 1 |

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No. 290 pluods County Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign blrlh? _______ vrs. _____ mos. _____ ds. Every Length of residence in city or lown where death occurred statement PHYSICIAN 2. FULL NAME RECORD. Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY. That I attended deceased from (or) WIFE of c 6. DATE OF BIRTH (month, day, and year) certificate properly Oavs f LESS than 7. AGE Months to have occurred on the date stated above, at . & stated 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance .or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... CUPATION may tndustry or business In which back should work was done, as SILK MILL, SAW MILL, BANK, etc. IQ. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _____ instructions Other Contributory Causes of importance 80 ARGIN 12. BIRTHPLACE (city or town) (State or country) terms, ATHER See 14. BIRTHPLACE (city or town) in plain L (State or country) What test confirmed diagnosis?__. carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? CAUSE OF DEATH import 16. BIRTHPLACE (city or town) (Stata or country) Whera did Injury occur?... pe (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE, 17. ANFORMANT ... plnous very (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify Ä. (Signed) 20. FILED/O Registrar. (Address)

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|-------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis A | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis - | 3 days ago | |
| BUREAU V. B. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year | |
| | | | | |

| authorisation | TIONAL SPACE FOR FU | RTHER STATEMENT | TS BY PHYSICIAN | certificato |
|---------------|---------------------|-----------------|-----------------|-------------|
| | | /) | | |
| U | | U | 1 | |
| | | | | |

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important -WRITE B

MARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH | (8x-a) |
|---|--|
| County Tall 1 | Registration Dist. No. 296 |
| Village or City Mear Easter | NoSt.,V |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of — William Thomas | 22. I HEREBY CERTIFY, That I attended deceased 21, 1939, to, 19. |
| DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date dated above, at 2 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc | Combres apoplery |
| 10. Date deceased last worked at this occupation (month and acception) 11. Total time (years) spant in this occupation (month and acception) | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) (State or country) | leaveling arthury |
| 14. BIRTHPLACE (city or town) | |
| 14, BIRTHPLACE (city or town) | Name of operation |
| (State of country) Jacob 160 | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Uniformum 16. BIRTHPLACE (city or town) (State or country) Uniformum 7. INFORMANT Sarah Flatcher (Address) Scotter M. A. | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 8. BURIAL, CREMATION, OR REMOVAL Place Easton Wd Date by 6 ,1933 | Manner of Injury |
| 19. UNDERTAKER James a Spince (Address) Easton and | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILE 60/4 , 1933 M. News | (Signed) festions (Address) Early |

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY.

V. S. No. 1

| Ulf death occurred in a forpital or institution, give its NAME instead of street and number) Length of residence in city or fown where death occurred | /ard |
|--|-------|
| Ulf death occurred in a forpital or institution, give its NAME instead of street and number) Length of residence in city or fown where death occurred | /ard |
| 2. FULL NAME William Momas | ds. |
| 1) Make land on Ward | |
| 1) // (// a Mr) a . CV or Word | |
| (a) Residence: No. / orgal (Uaual place of abode) St. Ward. [If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 3 (Month) (Day) (Year |) |
| 5a. If merried, widowed, or divorced HUSBAND of Mary C. Hornas 22. I HEREBY CERTIFY, That I attended deceased (or) WIFE-of Mary C. 19 | from |
| 6. DATE OF BIRTH (month, day, and year) 191877 I last saw h Lan alive on Oct 11 , 1933; death is | sald |
| 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at | |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | nset |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this | MO- |
| 10. Date deceased last worked at this occupation (month and spart) | 0 |
| Dither Coutributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) 100 Miles (State or country) 101 Miles (Stat | 13 |
| 13. NAME Yolu Thomas | 1 |
| 13. NAME Your Thomas 14. BIRTHPLACE (city or town) Jungue of Operation All 10 10 10 10 10 10 10 10 10 10 10 10 10 | 133 |
| What test confirmed diagnosis? - 512 11 (1) Was there are an auropsyr | -110 |
| 15. MAIDEN NAME Glyclelle Tidoul 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury | |
| (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 17. INFORMANT A JOHN G. MOMES Specify whether injury occurred in INDUSTRI, in POBLIC PEACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Dol 4 , 1935 Nature of injury | |
| 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) 60 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| 20. FILED 10/14, 1933 M. Merries (Signed) 200 Signed) 200 Colored (Address) (Address) (Address) | -M. D |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 J O plnods County Registration Dist. No. 290 item Village pr City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. statement How long In U.S. if of foraign birth?_____yrs.____mos.____ds. FULL NAME RECORD. (a) Residence: Np. Ward. (Usual piace of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days if LESS than to have occurred on the date stated above, at 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. ware as follows: Date of enset 8. Trade, profession, or particular HIS NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. OCCUPAT may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at 1. Total time (yaars) this occupation (month and spent in this yaar) _____ occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or lown) in plain (State or country) carefully What tast confirmed diagnosis?..... Was there an autopsy?..... OTHER 15. MAIDEN NAME importan 23. If death was due to external causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_____ Date of injury______ 19____ 16. BIRTHPLACE (city or town) ž (State or country) EA Where did injury occur?____ (Specify city or town, county and State) plnous Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ very OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury MOIL Nature of injury 24. Was disaase or injury in any way ralated to occupation of daceased? 19. UNDERTAKER Vaure (Addrass) If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Y-V

| Village or City Length of residence in city or town where | death occurred yrs m | No. (If death occurred in a horpital or institution, give its NAME instead of os | st., War |
|--|---|---|--------------------------|
| 2. FULL NAME (a) Residence: No. | ard Colt | n-Walts | |
| (a) Residence. No. | (Usual place of abode) | St., Ward. If nonresident give city or | r town and State |
| PERSONAL AND STATIST | TCAL PARTICULARS | MEDICAL CERTIFICATE OF DI | |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) | , 193 3 |
| 5e. If merried, widowed, or divorced HUSBAND of | | | (1411) |
| (or) WHEE- Nollie | Larrison Nat | 22. Oex HEBEBY CERTIFY That 1 | l attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) | an 30th 1874 | I last saw h alive on Oet 9 | _, 19 3 3; deeth is sai |
| 7. AGE Years Months | Days If LESS than 1 day,hr | to heve occurred on the date steted above, atm. | |
| 16/1 01 8 | 77 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of import were es follows: | tance Date of onse |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 0 | | Date of onse |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL BANK of the | Wassepiss. | Chronie Heliliet | |
| work was done, es SILK MILL, SAW MILL, BANK, etc. | | come requien | 9 |
| 10. Date decesed last worked et this occupation (month end | 11. Total time (years) spent in this | | |
| year) | emaß occupation | Other Committee | |
| 12. BIRTHPLACE (city or town) | Limore | Other Contributory Causea of Importance: | 1 |
| (State or country) | md | Valoular heart de | cerse. |
| 13. NAME | shy Watts | | |
| 14. BIRTHPLACE (city or town) | altimore | Name of operation | Dete of |
| (State of country) | Ind | What test confirmed diagnosis? Clinical Was | there an autopsy? |
| 15. MAIDEN NAME Kate- | U. Fairbank | 23. If death was due to externel causes (VIOLENCE) fill in elso the | |
| 16. BIRTHPLACE (city or town) | Salt-in-re- | Accident, suicide, or homicide? Date of Inju | |
| (State or country) | ma | Where did injury occur? | |
| 17. INFORMANT Chas Was | | (Specify city or town, countries of the Specify whether Injury occurred in INDUSTRY, In HOME, or In P | ty and State) |
| (Address) Nearth | mer, | | ODEIO FEAGE. |
| 18. BURIAL, CREMATION, OR REMOVAL | + (0) 4 454 | Manner of Injury | |
| Place Villiamount Can | stogte Wot, 1192, 193 | Nature of injury | |
| 19. UNDERTAKER / Lewnam + | Harrison | 24. Was diseese or injury in eny way related to occupation of deci | mand? Mo |
| (Address) St. Which | alla Ind | If so, specify | / |
| 20, FILED Oct 10 19 33 John | Hanvales | (Signed). JJ+J+0/e | e u |
| O, FILLU SALES IN 19 VILLE | - / www. | | Mi- |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | CAN |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | *** | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|--|
| - 100 +- | Paristation Dist No. 2,93 |
| Village or City New Charel (IF | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Shittern Wallsin | |
| 2. I OLL MAINE | St. Ward. |
| (a) Residence: No. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If Loss then 1 day,hrs. ornin. | I last saw h alive on, 19; death is said to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spant in this spant in this | Couse mode fermuse |
| 10. Date deceased lest worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Stete or country) | Other Contributory Causes of importance: |
| 13. NAME Harry Williams 14. BIRTHPLACE (city or town). (State or country) | Name of operation |
| 15. MAIDEN NAME COLOR DO 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT CAPAL WILLIAM (Address) F. (Address) | 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, DR REMOVAL Place New Charges Md Date Set 18 , 1933 | Menner of injury |
| 19. UNDERTAKER Series Ellett Maryland | 24. Was disease or Injury in eny wey releted to occupation of deceased?. If so, specify |
| 20. FILED 10/8 , 1933, J. L. Gardiner Registrar. | (Signed) (Address) (Addres |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

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| Example I | 15 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (3) |
| County Nallot | Registration Dist. No. 29/ |
| Village or City Poyal Oak | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred by yrsmos | |
| 2. FULL NAME Noch Williams | ** |
| (a) Residence: No. Oyal Clark (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH 31 193 3 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Yaar) |
| (or) WIFE of Josephine Williams | 22. I HEREBY CERTIFY That I attended decaasad from 19 33 to Cost 31 19 33 |
| 6. DATE OF BIRTH (month, day, and year) Out 65 1865 | Plast saw h aliva on Oct 29 , 19 83; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated abova, at |
| 25- 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. | Date of onset |
| 5. Industry or business In which | ho hughts perlant |
| work was done, as SILK MILL, SAW MILL, BANK, etc | 10 mati side |
| 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (cupation to year) | Cin & B. |
| 12. BIRTHPLACE (city or town) Dallot to (State or country) | Other Coutributory Causes of importance: |
| 13. NAME Words Wallin a old | |
| Table 370, | |
| (State or country) | Name of operation Date of Date of |
| 15. MAIDEN NAME MAAR Q. Alteren | What test confirmed diagnosis? W crul Was there an au'opsy? |
| d. 7.00 1.5 | 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicida? |
| March 15-10: 0 | Whera did injury occur? (Specify city or town, county and State) |
| (Address) (Address) (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 8. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Moyal Cat Data Nov. 3141938 | Nature of Injury |
| 9. UNDERTAKER Hewnam + Harrison | 24. Was diseasa or Injury in any way related to occupation of deceased? |
| (Address) (St. michaela) md | If so, specify |
| 10. FILED LAGY 2 , 1933 John Hurvales Gocal Registrar. | (Signed) Mileshalle M.D. (Address) Sheehalle M.D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | -, 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SORBATI V. S | | | |
| Other contributory eauses of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

| ADDITIONAL SPACE FO | R FURTHER | STATEMENTS | BY PHYSICIAN |
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| STATE OF MARYLAND— | CERTIFICATE OF DEATH | |
|--|--|--|
| 1. PLACE OF DEATH | 1042.) | |
| County Jallot | Registration Dist. No. 293 | |
| Village or City a Cordon a ma | Ño. St. Ward | |
| the above that the same to the | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| De. 100 1.5 7 | ds. How long In U.S. if of foreign birth?mosds. | |
| 2. FULL NAME Debre Clen Will | io. | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| Lemale While OR DIVORCED (write the word) | (Month) (Day) (Year) | |
| /96. If marriad, widowed, or divorced HUSBAND of | 23th Sow | |
| (or) WIFE of Char R. Willis | 22. I HEREBY CERTIFY, That I attended deceased from | |
| 6. DATE OF BIRTH (month, day, and year) Ofer, 4-1862, | last saw h Deplear Dof 25th 19% 3 death is said | |
| 7. AGE Yaars Months 2 Days If LESS than | to have occurred on the data stated above, at 4 Pm. | |
| 7/ 18th again X Iday, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| 8 Trade profession or particular | Cerebras Don Hons | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | That I had | |
| 9. Industry or businass in which work was done, as SILK MILL, | | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and | /// | |
| this occupation (month and spant in this year) occupation | | |
| 12. BIRTHPLACE (city or town) Lundine Co. and | Other Contributory Causes of Importanca: | |
| (State or country) | Dout Reserve | |
| 13. NAME Offine andrew | | |
| 13. NAME John Andrew 14. BIRTHPLAGE (city or town) Cataline Co | Name of operation Date of | |
| (State of country) | What test confirmed diagnosis? | |
| 15. MAIDEN NAME Manay Manages. | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 15. MAIOEN NAME Manay Markets 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? | |
| (State or country) elroture of mid | Where did Injury occur? (Specify city of town, county and State) | |
| 17. INFORMANT has welrew | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Addrass) Con dova, mil | | |
| Place Dring Will Early Oct 28 1933 | Manner of injury | |
| 01.01.0.CA-110 | Nature of injury | |
| 19. UNDERTAKER GUL WALLES | 24. Was disaase or injury in any way related to occupation of deceased? | |
| 10/22 00 11 | (Signed) M.D. | |
| 20. FILED 1933 Sold and Registrar. | (Address) Licea Cline 1. | |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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